

## Application as a Doctoral Candidate

Last Name:	First (and middle) Name:
Date of Birth (DD/MMM/YYYY):	Nationality:
E-mail:	Phone:
Postal Address:	
Academic Degrees obtained (university, programme, duration) <sup>1</sup> :	
Primary Selection of Position (choose only one):  <input type="checkbox"/> DC1: BOKU, Austria <input type="checkbox"/> DC2: UCSC, Italy <input type="checkbox"/> DC3: WR, Netherlands <input type="checkbox"/> DC4: VSCHT, Czech Republic <input type="checkbox"/> DC5: INRAE, France <input type="checkbox"/> DC6: USC, Spain <input type="checkbox"/> DC7: BOKU, Austria <input type="checkbox"/> DC8: BIOMIN, Austria <input type="checkbox"/> DC9: CIIMAR, Portugal <input type="checkbox"/> DC10: QUB, Northern Ireland, UK	Secondary Selection of Position (choose only one):  <input type="checkbox"/> DC1: BOKU, Austria <input type="checkbox"/> DC2: UCSC, Italy <input type="checkbox"/> DC3: WR, Netherlands <input type="checkbox"/> DC4: VSCHT, Czech Republic <input type="checkbox"/> DC5: INRAE, France <input type="checkbox"/> DC6: USC, Spain <input type="checkbox"/> DC7: BOKU, Austria <input type="checkbox"/> DC8: BIOMIN, Austria <input type="checkbox"/> DC9: CIIMAR, Portugal <input type="checkbox"/> DC10: QUB, Northern Ireland, UK

**With my signature I confirm that**

- (i) I agree, that the data I provided can be used for the selection process of the doctoral network BIOTOXDoc.
- (ii) I understand, that I have the right to retract my application at any time, at which all data provided will be deleted. All data will be deleted after the selection process of the available positions has been finished, unless needed for employment within the project.
- (iii) I have informed my provided references, that they might be contacted by BIOTOXDoc.
- (iv) I will be available for an online interview during October 2023 upon request.
- (v) I will be available for an assessment day in Austria on 23/OCT/2023 or 24/OCT/2023 upon request. Train (second class) or flight (economy) tickets as well as accommodation (one night) will be provided and fully covered by BIOTOXDoc.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

<sup>1</sup> If the master study is ongoing, indicate the estimated date of completion.